FOR COUNTY USE ONLY

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County of San Bernardino

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STANDARD CONTRACT

	New	Vendor Cod			е	00	Dept.			Contract	t Number	
Χ	Change Cancel					SC	JOB	Α		00-54	19 A-3	
County Department					Dept.	Org	n.		Contractor's License No.			
Jo	bs And E	mplo	yment S	ervices		JOB						
Cou	ınty Depa	rtment (Contract R	epresent	ative	Tele	phone		Total Contract Amount			
Barbara Halsey, Interim Director			(909) 433-3330 \$0			iO						
	Contract Type Revenue Encumbered Unencumbered X Other: Non-Financial MOU											
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Commodity Code Contract			Start Date	Contrac	t End D	ate	Original Amount Amer		Amendment Ar	nount		
				7/	1/00	12/	31/03			\$0		
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				1			1					
Project Name				Es	timated	Pay	ment To	tal by Fiscal	Year			
One Stop Career Service				FY	Α	mount		I/D	FY	Amount	I/D	
Center MOU			03-04		\$0							
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										<u> </u>		

THIS CONTRACT is entered into in the State of California by and between the County of San Bernardino, hereinafter called the County, and

Name

Community Services Dep	partment of San Bernardino County	hereinafter called	Partner
Address			
686 East Mill Street			
San Bernardino, CA 924	115-0610		
Telephone	Federal ID No. or Social Security No.		
(909) 891-3863			

IT IS HEREBY AGREED AS FOLLOWS:

(Use space below and additional bond sheets. Set forth service to be rendered, amount to be paid, manner of payment, time for performance or completion, determination of satisfactory performance and cause for termination, other terms and conditions, and attach plans, specifications, and addenda, if any.)

Amendment #3:

Pursuant to Section IB under Agreement #00-549 dated June 27, 2000, the Memorandum of Understanding (MOU), attached Addendum, and Amendments #00-549 A-1 and #00-549 A-2, which together constitute the full and complete One Stop Career Service Center partnership agreement that expires June 30, 2003, is hereby renewed for a six month period from July 1, 2003, to December 31, 2003.

Effective upon renewal, July 1, 2003, Partner's name is changed from San Bernardino County Community Services Department to Community Services Department of San Bernardino County.

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Input Date	Keyed By			

COUNTY OF SAN BERNARDINO		Community Services Department of San Bernardino County (Print or type name of corporation, company, contractor, etc.)			
>		By _►			
Dennis Hansberger, Chairman, Board of	Supervisors	(Authorized signature - sign in blue ink)			
Dated:		Name Patricia Nickols (Print or type name of person signing contract)			
SIGNED AND CERTIFIED THAT A COPY DOCUMENT HAS BEEN DELIVERED TO CHAIRMAN OF THE BOARD		Title Executive Director (Print or Type)			
Clerk of the Board of S of the County of San I		Dated:	(i i i i i i i i i i i i i i i i i i i		
By		Address 686 East Mill Street			
		San Bernardino, CA 92415-0610			
Approved as to Legal Form	Reviewed by Contract C	ompliance	Presented to BOS for Signature		
County Counsel	<u></u>		▶ Department Head		
Date	Date		Date		

All other terms and conditions of the agreement remain unchanged.

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Keyed By

Input Date